

Standard Form 424

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application: _____ Construction _____ Construction _____ Non-Constuction _____ Non-Constuction		2. DATE SUBMITTED		Applicant Identifier
		3. DATE RECEIVED BY STATE		State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
Address (give city, county, state, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>		
8. TYPE OF APPLICATION ___ New ___ Continuation ___ Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> A. Increase Award D. Decrease Duration B. Decrease Award E. Other (specify): _____ C. Increase Duration _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learn. C. Municipal K. Indian Tribe D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Other (Specify): _____ G. Special Dist.		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:		
TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
START DATE	END DATE	a. Applicant	b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS REVIEW ON: DATE _____ b. NO. ___ PROGRAM IS NOT COVERED BY E.O. 12372 ___ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
b. Applicant	\$			
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Inc	\$			
g. TOTAL	\$			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? _____ Yes If "Yes," attach an explanation. _____ No				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Type Name of Authorized Representative		b. Title	c. Telephone Number	
d. Signature of Authorized Representative		e. Date Signed		

Previous Edition Usable
Authorized for Local Representative

Standard Form 424 (REV 4-92)
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